

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39483

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(d) Street No. City Hospital

Registered No. 10470

(e) Length of residence in city or town where death occurred
C. 10675

(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 6100 Wabada St. 6

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Schluter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1866

7. AGE YEARS 76 MONTHS 1 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Fred A. Althoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem Nov 13 1937

19. FUNERAL DIRECTOR (ADDRESS) Beiderwieden Funeral Home
1936 St. Louis Ave

20. FILER NOV 11 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/9/37 19

22. I HEREBY CERTIFY That I attended deceased from 10/20/37 to 11/9/37, 19
her 11/9/37 Death is said to have occurred on the date stated above, at 1.50 a

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Necrotic decubitus ulcers

Other contributory causes of importance:

Arterio-sclerosis
Cystitis, acute
Fractured of Right femur. 7-15-37

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/15, 1937
Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In home
Nature of injury feet to floor

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Albert H. Krause M. D.
(Address) City Hosp.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER *

I, Felix J. Krispin, Licensed Embalmer No. 3497
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Felix J. Krispin
Licensed Embalmer No. 3497

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)